

State of Indiana 2015 Rates

Plan	Coverage	Bi-Weekly Employee Rate	Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Early Retirees (Monthly)	COBRA (Monthly)	Annual Employee Rate	Annual Employer Rate	Annual Employer HSA Contribution	Total Annual Employer Contribution	Annual Total Rate
Wellness	Single	\$45.98	\$174.30	\$220.28	\$477.27	\$486.82	\$1,195.48	\$4,531.80	\$1,251.12	\$5,782.92	\$6,978.40
	Family	\$70.04	\$530.04	\$600.08	\$1,300.17	\$1,326.18	\$1,821.04	\$13,781.04	\$2,502.24	\$16,283.28	\$18,104.32
Wellness W/ Non-Tobacco Use	Single	\$10.98	\$174.30	\$185.28	\$401.44	\$409.47	\$285.48	\$4,531.80	\$1,251.12	\$5,782.92	\$6,068.40
	Family	\$35.04	\$530.04	\$565.08	\$1,224.34	\$1,248.83	\$911.04	\$13,781.04	\$2,502.24	\$16,283.28	\$17,194.32
CDHP 1	Single	\$53.12	\$183.90	\$237.02	\$513.54	\$523.81	\$1,381.12	\$4,781.40	\$1,001.52	\$5,782.92	\$7,164.04
	Family	\$92.84	\$549.24	\$642.08	\$1,391.17	\$1,419.00	\$2,413.84	\$14,280.24	\$2,003.04	\$16,283.28	\$18,697.12
CDHP 1 W/ Non-Tobacco Use	Single	\$18.12	\$183.90	\$202.02	\$437.71	\$446.46	\$471.12	\$4,781.40	\$1,001.52	\$5,782.92	\$6,254.04
	Family	\$57.84	\$549.24	\$607.08	\$1,315.34	\$1,341.65	\$1,503.84	\$14,280.24	\$2,003.04	\$16,283.28	\$17,787.12
CDHP2	Single	\$112.16	\$199.38	\$311.54	\$675.00	\$688.50	\$2,916.16	\$5,183.88	\$599.04	\$5,782.92	\$8,699.08
	Family	\$256.58	\$580.20	\$836.78	\$1,813.02	\$1,849.28	\$6,671.08	\$15,085.20	\$1,198.08	\$16,283.28	\$22,954.36
CDHP 2 W/ Non-Tobacco Use	Single	\$77.16	\$199.38	\$276.54	\$599.17	\$611.15	\$2,006.16	\$5,183.88	\$599.04	\$5,782.92	\$7,789.08
	Family	\$221.58	\$580.20	\$801.78	\$1,737.19	\$1,771.93	\$5,761.08	\$15,085.20	\$1,198.08	\$16,283.28	\$22,044.36
Traditional PPO	Single	\$260.78	\$222.42	\$483.20	\$1,046.93	\$1,067.87	\$6,780.28	\$5,782.92	\$0.00	\$5,782.92	\$12,563.20
	Family	\$667.88	\$626.28	\$1,294.16	\$2,804.01	\$2,860.09	\$17,364.88	\$16,283.28	\$0.00	\$16,283.28	\$33,648.16
Traditional PPO W/ Non-Tobacco Use	Single	\$225.78	\$222.42	\$448.20	\$971.10	\$990.52	\$5,870.28	\$5,782.92	\$0.00	\$5,782.92	\$11,653.20
	Family	\$632.88	\$626.28	\$1,259.16	\$2,728.18	\$2,782.74	\$16,454.88	\$16,283.28	\$0.00	\$16,283.28	\$32,738.16
Dental	Single	\$1.20	\$10.02	\$11.22	\$24.31	\$24.80	\$31.20	\$260.52	\$0.00	\$260.52	\$291.72
	Family	\$3.16	\$26.36	\$29.52	\$63.96	\$65.24	\$82.16	\$685.36	\$0.00	\$685.36	\$767.52
Vision	Single	\$0.17	\$1.47	\$1.64	\$3.55	\$3.62	\$4.42	\$38.22	\$0.00	\$38.22	\$42.64
	Family	\$2.52	\$1.64	\$4.16	\$9.01	\$9.19	\$65.52	\$42.64	\$0.00	\$42.64	\$108.16

Flexible Spending Accounts

Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care Admin Fee	\$1.62	\$0.00	\$1.62	\$3.51	\$3.51	\$42.12	\$0.00	\$0.00	\$0.00	\$42.12
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HSA Accounts	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
Wellness	Single	\$625.56	\$24.06	\$52.13	\$1,251.12
	Family	\$1,251.12	\$48.12	\$104.26	\$2,502.24
HSA 1	Single	\$500.76	\$19.26	\$41.73	\$1,001.52
	Family	\$1,001.52	\$38.52	\$83.46	\$2,003.04
HSA 2	Single	\$299.52	\$11.52	\$24.96	\$599.04
	Family	\$599.04	\$23.04	\$49.92	\$1,198.08

*Initial contribution as listed above apply to employees with a CDHP effective between 1/1/15 thru 6/1/15 and with an open HSA. CDHPs effective after 6/1/15 but before 12/2/15 and with an open HSA, will receive 1/2 of the initial contribution.

Employees participating in the CDHP plans are reminded that they must open an HSA account in order to receive the State's HSA contribution.